

RESPONSE UNDER 37 C.F.R. § 1.116 TECHNOLOGY CENTER 2624

00862.002213

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: K.Y. Poon
TAKEYUKI NAGASHIMA)	
	:	Technology Center: 2624
Application No.: 09/033,585)	
	:	
Filed: March 3, 1998)	
	:	
For: PRINTING SYSTEM, AND PRINTING)	
CONTROL METHOD AND APPARATUS	:	April 19, 2002
		April 19, 2002 RECEIVED APR 2 5 2002
		2 = 3003
Commissioner for Patents		APR 2 3 2002
BOX AF		Technology Center 2600
Washington D.C. 20231		Leculoioa, and

AMENDMENT AFTER FINAL ACTION AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated December 20, 2001 to and including April 22, 2002 (April 20, 2002 being a Saturday). A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, or credit any overpayment, to Deposit Account 06-1205.

The Examiner is requested to amend the above-identified application as

follows:

04/23/2002 JADD01 00000008 09033585

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110.00 OP

In re Application of:

TAKEYUKI NAGASHIMA

TAKEYUKI NAGASHIMA

Docket No. 00862.002213

Application No.: 09/033,585

Examiner: K.Y. Poon

Filed: March 3, 1998

Technology Center: 2624

For: PRINTING SYSTEM, AND PRINTING CONTROL

METHOD AND APPARATUS

Date: April

Date: April 19, 2002

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

RECEIVED

APR 2 5 2002

Transmitted herewith is an Amendment in the above-identified application.

Technology Center 2600

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 7	MINUS	***	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280				0		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			0			

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

ſ	°Verified Statement claiming smal	l entity status is	enclosed, if no	t filed previously	Ü
ι	 verified Statement Claiming Smar	i Cilility Status is	chelosea, ii iio	t filed previously	,

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicant Lock See Ju Jathues
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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